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Attorney Docket Number

	DECLARATI	ON F	FOR LITIL I	TY OR			_1			
		DES			First Name	d Inventor	Phillip F. Scallate			
PATENT APPLICATION					COMPLETE IF KNOWN					
	(37 CFR 1.63)					Application Number				
	Declaration		Declara	tion	Filing Date					
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I hereb	I hereby declare that:									
Each ir	nventor's residence	e, mail	ling address, a	and citizenship are	as stated b	elow next to the	neir name.			
	I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below										
Name						<del>-</del>	<del> :</del>			
B. Craig Killough										
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor										
Given Name						Family Name				
(first and middle [if any]) Phillip F.					or Surname Scallate					
Inventor's		<b>7</b>	, ,						Date	
Signature	i S	call	ate	-					01/18/04	
Residence: City	State			Coun	try			Citizer	nship	
Beaufort	sc			USA USA				USA		
Mailing Address 2611 North Royal Oaks Drive										
City	State			ZIP				Country		
Beaufort	sc			29902					USA	
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor										
Given Name Family Name										
(first and middle [if any]) or Surname										
Inventor's									Date	
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Additional inventors or a legal re	presentative are be	ing named or	n the:	suppleme	ental she	eet(s) PT	O/SB/02/	or O2LR	attached hereto.	